122 02 227		1.	00.00	7.4.5.7.4	<u> </u>
<b>a</b> Employee's SSN 122-93-2337 <b>c</b> Employer's name, address, and ZIP code		b Employer identification n	T : ' '		OMB No. 1545-0008
OPULENTSOFT LLC		1 Wgs, tips, other compn 15475.20	2 Fed inc tax withheld 1289.00	3 Social security wages 15475.20	Form <b>W-2</b>
3525 QUAKERBRIDGE ROAD SUITE:3600		<b>4</b> SS tax withheld 959.46	5 Medicare wages & tips 15475.20	6 Medicare tax withheld 224.39	Wage and Tax
	8619	7 Social security tips	8 Allocated tips	9	Statement
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	2021
e Employee's name, address, and ZIP code	Suff.	13	14 Other	12b	
SARVESHWAR REDDY GOPU		Statutory employee	NY-SDI 10.40 NY-FLI 79.09	12c	Copy B To Be Filed with Employee's FEDERAL
13311 95TH AVE FL1	410	Retirement plan		10.1	Tax Return This information is being
S RICHMOND HL NY 11	.419	Third-party sick pay		12d 	furnished to the Internal Revenue Service.
15 State         Employer's state ID number         16 state           NY         990374574	State wages, tips, etc 15475.20	7 State income tax 698.08	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/17/21 QBDT				Deno	tment of the Treasury — IRS
<b>a</b> Employee's SSN 122-93-2337		<b>b</b> Employer identification n	umber (FIN) 99-035	74574	OMB No. 1545-0008
C Employer's name, address, and ZIP code		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	
OPULENTSOFT LLC		15475.20 <b>4</b> SS tax withheld	1289.00 <b>5</b> Medicare wages & tips	15475.20 <b>6</b> Medicare tax withheld	Form W-2
3525 QUAKERBRIDGE ROAD SUITE:3600		959.46	15475.20	224.39	Wage and Tax
	3619	7 Social security tips	8 Allocated tips	9	Statement
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a 	2021
e Employee's name, address, and ZIP code	Suff.	13	14 Other	12b	
SARVESHWAR REDDY GOPU		Statutory employee	NY-SDI 10.40 NY-FLI 79.09	12c	Copy 2 To Be Filed With
13311 95TH AVE FL1		Retirement plan	NI-FLI /9.09		Employee's State, City, or Local
S RICHMOND HL NY 11	.419	Third-party sick pay		12d 	Income Tax Return.
15 State Employer's state ID No. NY 990374574	State wages, tips, etc 15475.20	7 State income tax 698.08	18 Local wages, tips, etc	19 Local income tax	20 Locality name
<b>a</b> Employee's SSN 122-93-2337 <b>c</b> Employer's name, address, and ZIP code		<b>b</b> Employer identification n	nished to the IRS. If you are re	guired to file a tax return, a ne	OMB No. 1545-0008
OPULENTSOFT LLC		1 Wgs, tips, other compn	ed on you if this income is tax  2 Fed inc tax withheld	3 Social security wages	_ \/\/ 2
3525 QUAKERBRIDGE ROAD		15475.20 <b>4</b> SS tax withheld	1289.00 <b>5</b> Medicare wages & tips	15475.20 <b>6</b> Medicare tax withheld	Form W-2
SUITE:3600	61.0	959.46	15475.20	224.39	Wage and Tax
HAMILTON NJ 08  d Control No.	619	<b>7</b> Social security tips	8 Allocated tips	9	Statement
		10 Depdnt care benefits	11 Nonqualified plans	12a	2021
<b>e</b> Employee's name, address, and ZIP code	Suff.	13	<b>14</b> Other	12b	
SARVESHWAR REDDY GOPU		Statutory employee	NY-SDI 10.40 NY-FLI 79.09	12c	Copy C For EMPLOYEE'S
13311 95TH AVE FL1 S RICHMOND HL NY 11	.419	Retirement plan	111 111 /0.00	12d	RECORDS. (See Notice to
		Third-party sick pay  7 State income tax		19 Local income tax	Employee.)  20 Locality name
			18 Local wages, tips, etc		